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WIMBORNE MINSTER URBAN DISTRICT.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

INCORPORATING THE ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR/SURVEYOR/

HOUSING MANAGER

FOR THE YEAR..... 1967.

WIMBORNE MINSTER URBAN DISTRICT.
MEMBERS OF THE COUNCIL

CHAIRMAN..... Councillor H.V. Purchase

VICE-CHAIRMAN..... Councillor R.H. Rodway

COUNCILLORS:-

A.F. Corbin.

Dr. E.H. Markby

S.I. Dennett.

F.W.J. Moore.

R.J. Freeman.

N.L. Rowan.

Dr. D.G.A. Leggett.

J.W. Smith.

A.R. Maiden.

W.C. Tapper.

STAFF OF THE PUBLIC HEALTH
DEPARTMENT.

MEDICAL OFFICER OF HEALTH

Dr. G.B. Hopkins, M.B., Ch.B., B. Pharm. D.P.H.

Holding appointments of:-

Senior County Medical Officer.

School Medical Officer.

Medical Officer of Health - Wimborne Minster Urban District.

Medical Officer of Health - Wimborne and Cranborne R.D.C.

Medical Officer of Health - Borough of Blandford Forum.

Medical Officer of Health - Blandford Rural District.

Contributing roughly:-

Wimborne Minster Urban District.....	$\frac{1}{3}$ day per week.
Wimborne and Cranborne Rural District.....	$1\frac{1}{2}$ days per week.
Borough of Blandford Forum.....	$\frac{1}{4}$ day per week.
Blandford Rural District.....	$\frac{1}{2}$ day per week.

PUBLIC HEALTH INSPECTOR / SURVEYOR / HOUSING MANAGER.

F. Caddick M.R.S.H., M.A.P.H.I.

Dr. Noel Pearson from the North Dorset Area kindly acts as my deputy in an honorary capacity during my absence.

Health Centre,
Rowlands Hill,
Wimborne Minster.
Dorset.

Mr. Chairman and Gentlemen,

I present my Annual Report for 1967.

The list of notifiable diseases is unimpressive, indeed the only notifiable disease which requires more than the fingers of one hand to enumerate is measles and this has been the case for some years. The current measles vaccination campaign will have a large impact upon this and it will be interesting to see if one or two hands will be needed next year.

The next probable development is a vaccine against German Measles for girls in view of the sad consequences that this otherwise trivial disease can have in early pregnancy.

But it is in the sphere of health and welfare of the elderly that I hope to engage the sympathetic attention of members of Council.

We ought not to refer to anyone below 80 as aged, but the fact is that Society forces many people to retire at 65 years or earlier, and if not aged, they become enforcedly unproductive, and so 65 has become a convenient administrative dividing line between the young and the old. In an area which attracts retired people problems posed by imbalance of the age structure of the population are likely to be worse than in districts not so favoured. It becomes doubly important therefore to study the national statistics in order to plan for the future.

It is a current misconception that the problem of the disproportionate numbers of the elderly has come about by the prolongation of life brought about by advances in medical science. In fact, this has had only a moderate influence, the death rate in persons over sixty-five having fallen only 22% during the last sixty years. The most significant reasons are firstly the rising birth rates of the late nineteenth and early twentieth centuries, reaching a peak in the first decade of the twentieth century, the "bulge" thereby produced having now become an over sixty-five bulge, admittedly less decimated than of yore by reason of the falling death rates in the intervening younger ages. This has resulted in a large rise in absolute numbers of the over sixty-fives.

Secondly, the proportion of over sixty-fives has been further significantly increased by the marked fall in the birth rate subsequent to the first decade of this century, a fall which continued until after the second World War.

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From 1841, when records began, to 1901, the population of England and Wales rose from about sixteen millions to about thirty-two millions with a fairly stable age structure, the proportion of over sixty-fives remaining throughout this period at about five per cent. It is now twelve per cent.

For those who declare that the young no longer are willing to care for their elders it is therefore appropriate to say that there are currently two and a half times as many over sixty-fives as there were in the nineteenth century, so we are doing far better than our forebears, or than people in the under-developed parts of the world who are said to have a culture which includes the care and support of the aged within the family, but who in fact have many less aged to care for. The total annual expenditure on social benefits for the over sixty-fives is estimated by the Office of Health Economics to probably exceed £1,650 millions already.

There are about six million persons over sixty-five years of age in England and Wales, the figure having risen from about one and a half million since the turn of the century. The dice are loaded against the males from conception onwards, especially in the young adult range, so that by the age of seventy-five years there are twice as many women as men.

One fifth of men, one half of women, and four out of every ten persons over sixty-five are widowed. About a quarter of over sixty-fives are alone, without spouse or children. There are three quarters of a million men and one and a half millions women over 75 years, and the proportion of over seventy-fives will increase by 39% over the 1961 figure of almost two million by 1981. There are nearly 350,000 people over 85 years of age, seven times as many as had attained this age at the beginning of the century. Ninety four percent of over sixty-fives live in private households.

These numbers will inevitably increase for about another decade and will then slowly decline, reflecting the fall in the birth rate after 1910. The rise in the birth rate after the second World War will in turn be reflected in the absolute numbers of the over sixty-fives from about A.D. 2010 to A.D. 2050, the proportion depending upon the birth rate between now and then, if this falls, as is likely, then the proportion of over sixty-fives in the first half of the twenty-first century is likely to be very high again.

So it is imperative to develop new attitudes, for which the time is ripe, the problem does not represent a passing phase, and the nation will have a sufficiently large productive age group to carry the non-productive age groups, especially in view of the trend for married women to work and in view of the rapid rise in the number of the younger productive age groups as the swollen birth rate of the 1950's and 1960's takes effect.

Most local authorities have to date provided for rather narrowly defined cases of need ranging from those unable to cope independently and requiring full "hotel" provision in old persons' homes, through those requiring some unobtrusive supervision in small dwellings or flatlets with special provisions, to small independent dwellings without special features, but all orientated towards persons of very small means and having claims upon their local authority of the traditional council house tenant type.

This is rapidly becoming much too restricted a policy to cope with the size of the problem. Not only is it very desirable to provide a wider area of choice of residence and amenity, but it is becoming increasingly urgent to extend services to any elderly person, regardless of financial status; many need help. One envisages Local Authorities acting as an agency to provide help, advice and encouragement in the sphere of housing for elderly people, and building suitable premises for old people of varying means, many such premises having no element of subsidy, the tenants being entirely self supporting financially. It is illogical to allow to persist by default a system in which elderly people continue indefinitely to occupy a house which has become burdensome, though once suited to their needs; now too large or inconvenient, with a garden involving too much work and conditions slowly deteriorating, when that house would comfortably hold, and be maintained by, a family of five or six and the elderly people would be healthier and happier in much smaller premises specifically built and maintained for their needs, especially if it is largely the apathy of age and the inability to face the complications of moving which are the main inhibiting factors to such a move. Such suitable premises will not be built in anything like the required numbers unless Local Authorities tackle the job.

One area of housing which tends to have been provided so far only by voluntary organisations is that of the single bed sitting room, furnished by the tenant, numbering some half a dozen in a self-contained house, with a housekeeper to cope with the general running of the house and to provide one good cooked meal daily.

For all the great value of the Meals on Wheels Service, can it really be argued indefinitely that if old people need meals to be provided, that the ultimate answer is to cook it elsewhere, often for a very different age group, and then let it suffer the inevitable deterioration during transportation, and deliver it twice a week but never at weekends?

The elderly figure rather prominently in that very small category of persons in this country who are undernourished. There are numerous reasons, for example the difficulty and expense of cooking a square meal for one, or even two, the planning, shopping and labour involved, and the deterioration in sense of taste and smell which impairs the palate and therefore the stimulus to make the effort. A good cooked/
meal

meal daily would render nutritional deficiency most unlikely and would help to raise some elderly peoples' lives from the level of subsistence to which they all too often sink.

There are many elderly persons, the majority women, who lead a lonely existence on a small income, perhaps gravitating from a hotel in winter to a cheap guest house in summer, who are unwelcome when ill, and who are constantly worried about their future as prices rise and guest houses become more and more impossible to find, who are past caring fully for themselves and would welcome a bed sitting room for their own most treasured belongings, with one square meal a day and no administrative worries beyond paying a weekly rent. This class of person is growing and will grow more as pensions schemes mature and proliferate. The elderly man on his own is particularly well suited to the form of housing provision in which one good meal is provided in view of the notorious reluctance of the male to shop and cook. The necessity to provide for themselves at other meal times preserves initiative and avoids the sapping of individuality which goes with the full hotel or guest house existence even if this can be afforded.

District councils who provide welfare housing, including warden provision undoubtedly prolong the period of independence enjoyed by many elderly persons and are constantly faced with the difficulties inherent in this situation, that is, how to humanely effect the transfer of an old person who has become too frail, physically or mentally, to sustain an independent existence. Lengthy delay in achieving transfer leads to an excessive and unjustified burden being thrown upon the warden who can temporarily be called upon to become a chronic sick or mental nurse. The very success of the welfare housing and warden service leads to old folk being taken beyond the stage of suitability for a county council home and fully into the category of chronic sick or mental hospital case. If the latter services cannot rapidly relieve the housing authority of such an inappropriate burden then staff troubles and unpleasantness for other tenants inevitably occurs and valuable staff is likely to be lost. Such experiences have unfortunately occurred, and underline the urgent necessity for more hospital beds for such cases. The hospitals sometimes maintain that many cases needing straightforward nursing only do not need the full facilities provided by a hospital, and it has been suggested that here is an opportunity for a welcome liaison between local authorities and Regional Hospital Board in the joint provision of an institution half way between chronic sick hospital and old persons' home. This is a serious and mounting problem and demonstrates one facet of the need for more liaison between the three branches of the Health Service.

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No discourse on housing for the elderly would be complete without mentioning its relevance to such problems as accidents in the home (eighteen fatal cases per day in Britain), loneliness, hypothermia, emotional disturbances especially associated with physical defects, osteo-arthritis, impaired balance, muscular weakness, diminution in acuity of special senses of sight, hearing and smell, chronic bronchitis and nutritional anaemias, but these are matters of detail inappropriate to my theme which is one of broad outlines, and I hope, food for thought.

There follows the report of Mr. F. Caddick, the first table giving a quick resumé which is instructive of the range and variety of work of the health department.

L. B. Koffman

AUGUST, 1968

MEDICAL OFFICER OF HEALTH

SECTION A

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Area in Acres.....	653
Population as estimated by Registrar General.....	4,170
Estimated number of inhabited houses at 31st Dec. 1967.....	1,564
Rateable value at 1st April, 1967.....	£227,368
Estimated product of 1d rate on 1st April, 1967.....	£870

AS SUPPLIED BY THE REGISTRAR GENERAL

<u>Births</u>	<u>Males.</u>			<u>Females.</u>		
	<u>Total.</u>	<u>Legit.</u>	<u>Illegit.</u>	<u>Total.</u>	<u>Leg.</u>	<u>Illegit.</u>
Total number registered.....	32	30	2	37	36	1
Stillbirths.....	1	-	1	-	-	-

	<u>Wimborne U.D.</u>	<u>England & Wales.</u>	<u>Administrative County</u>
Standardised Rate.....	19.5	17.2	17.1

<u>Deaths.</u>	<u>Males.</u>	<u>Females.</u>
	<u>Total.</u>	<u>Total</u>

Total number registered.....	25	40
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	<u>Wimborne U.D.</u>	<u>England & Wales.</u>	<u>Administrative County</u>
Standardised Rate.....	12.8	11.2	10.2

COMPARABILITY FACTORS.

Births.....	1.18
Deaths.....	0.82

SECTION B

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AMBULANCE FACILITIES.

The Ambulance Service is provided by the Dorset County Council. Control is centralised in Dorchester and the service operates from the Ambulance Station at Hanham Road.

PUBLIC HEALTH LABORATORY

This is situated at Boscombe and provides an excellent free service for the bacteriological examination of human specimens, food, milk and water.

MATERNITY AND CHILD WELFARE SERVICES.

The County Council provided an Infant Welfare Clinic in Wimborne every fortnight. This is now held at the Health Clinic, Rowlands Hill, Wimborne.

HOME HELP SERVICE.

A local organiser for the Rural District of Wimborne and the Urban District attends to the detailed administration of this valuable service which has steadily grown since its inception. The organiser is based at the Ferndown Health Clinic and may be telephoned from 9 a.m. to 10 a.m. from Monday to Friday.

SECTION C

PREVALENCE OF INFECTIOUS DISEASES.

Measles..... 75
Pneumonia..... 1
Whooping Cough. 1

TUBERCULOSIS

At the end of the year the number of cases in the Tuberculosis Register were as follows:-

PULMONARY

Males..... 7
Females..... 5

NON-PULMONARY

Males..... 0
Females..... 1

VACCINATION AND IMMUNISATION
STATISTICS.

<u>Poliomyelitis.</u>				<u>Diphtheria.</u>		<u>Tetanus.</u>		<u>Whooping Cough.</u>		<u>Smallpox.</u>	
<u>Oral.</u> <u>Basic</u> <u>Course.</u>	<u>Salk</u>			<u>R.</u>	<u>P.</u>	<u>R.</u>	<u>P.</u>	<u>R.</u>	<u>P.</u>	<u>R.</u>	<u>P.</u>
	<u>R.</u>	<u>P.</u>	<u>R.</u>								
52	81.	-	-	43	78	43	76	42	25	40	2

P = Primary
R = Reinforcing Dose.

SECTION D

STATISTICAL TABLES 1967

<u>CAUSES OF DEATH</u>	<u>MALE.</u>	<u>FEMALE.</u>
10. Malignant neoplasm, stomach.....	3	-
11. Malignant neoplasm, lung, bronchus.....	-	3
12. Malignant neoplasm, breast.....	-	2
14. Other malignant and lymphatic neoplasms.....	2	1
15. Leukaemia, aleukaemia.....	1	1
16. Diabetes.....	-	2
17. Vascular lesions of nervous system.....	5	7
18. Coronary disease, angina.....	9	5
20. Other heart disease.....	1	5
21. Other circulatory disease.....	-	5
23. Pneumonia.....	1	4
24. Bronchitis.....	-	1
26. Ulcer of stomach and duodenum.....	-	1
29. Hyperplasia of prostate.....	1	-
32. Other defined and ill-defined diseases.....	1	2
34. All other accidents.....	1	1

REPORT OF THE PUBLIC HEALTH INSPECTOR. - TABLE I

Visits made in my capacity as Surveyor and Housing Manager have many Public Health and Housing Control applications. Those made purely in my capacity as the Council's Public Health Inspector are as follows:-

Complaint investigations:- (a) Inspections.....	31
(b) Re-inspections.....	22
Nuisance Byelaws.....	1
Housing Act Inspections.....	41
Housing Act Re-inspections.....	58
Demolition work.....	26
Improvement grants.....	10
Refuse collection and disposal.....	31
Street cleaning and litter bins.....	9
Surface water drainage and flooding.....	17
Drainage inspections and testing.....	8
Sewer inspections.....	3
Water sampling.....	3
Food hygiene.....	21
Food inspections.....	13
Food complaints.....	4
Clean Air Act.....	3
Shop Offices and Railway Premises Act.	
(a) General Survey.....	15
(b) Re-inspection.....	10
(c) Accident Investigations.....	2
Special Investigations:-	
Licenced premises.....	1
Pig Farms.....	1
Factories.....	5
Sewage Works.....	2
River Safety.....	2
Nursing Homes.....	1
Pet Meat Shops.....	5
Miscellaneous.....	12

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Much of the District work carried out by my assistant, Mr. Carter, also has public health implications. This applies particularly in relation to drainage inspections and tests, also sewer swabbing.

During the year 28 sewer swabs were taken of which 2 were positive.

TABLE 11. NOTICES ETC. SERVED.

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THE FOLLOWING TABLE SHOWS NOTICES SERVED FORMALLY AND INFORMALLY:-

	<u>Verbal.</u>	<u>Written informal.</u>	<u>Statutory.</u>	<u>Total.</u>
Housing Acts.....		2	8	10
Nuisances.....	1	2	2	5 *
Animals.....	1	1	-	2
Factories.....	-	1	2	3
Food and Food Hygiene....	4	4	-	8
Shops and Offices Act....	-	4	-	4
Drainage.....	-	3	-	3
Rodent Control.....	-	1	-	1
Smoke Nuisance.....	1	-	1	2
Petroleum Acts.....	-	1	-	1
	7	19	13	39

* Legal Proceedings were instituted in one case but withdrawn on the work being put in hand.

TABLE 111. RESULTS OF ACTION TAKEN.

The routine matters dealt with by Notices were in the main complied with. Matters calling for mention are as follows:-

CLEARANCE ORDERS:- 18 houses were included in a Clearance Order and submitted to the Ministry for confirmation. These were in Eden Grove. Most of the Housing Notices shown in Table 11 were Time and Place Notices for Eden Grove subsequently merged into Clearance Area procedure.

ONE CLOSING ORDER was determined on completion of satisfactory work.

HOUSES IN MULTIPLE OCCUPATION. Occupants were reduced in one case after official notice.

DEMOLITIONS:- Seven houses were demolished for road widening in Priors Walk.

These were all below Housing Act Standards although not officially condemned.

RE-HOUSING:- Twenty dwellings - 12 flats and 8 houses were erected for housing tenants from Priors Walk. 5 tenants of Eden Grove were also re-housed.

PUBLIC CLEANSING:- Difficulties in relation to our 18 cu.yd Refuse Vehicle were accentuated during the year. These arose from the greater amount and volume of refuse in relation to the vehicle's limited size, the age of the vehicle and delivery problems at Poole. During the year the Council ordered a new 50 cu.yd vehicle which it is hoped will increase efficiency and keep costs down.

FACTORIES ACT, 1961

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PART ONE OF THE ACT.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

<u>PREMISES.</u>	<u>Number on Register.</u>	<u>Number of:- Inspections.</u>	<u>Written Notices.</u>	<u>Occupiers prosecuted</u>
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2,3,4 and 6 are to be enforced by Local Authorities.....	3	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.....	42	5	3	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	-	-	-	-
<u>TOTAL....</u>	45	5	3	-

2.

CASES IN WHICH DEFECTS WERE FOUND..... NIL

(In regard to cleanliness, overcrowding, unreasonable temperature etc.)

3. Number of cases in which defects were found:-

Particulars.	Found. remedied.		Referred		Number of cases in which prosecu- tions were instituted
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Ineffective drain- age of floors (S6)..	-	-	-	-	-
Sanitary Conveni- ences (S7)					
(a) Insufficient....	1	1	-	-	-
(b) Unsuitable or defective.....	2	2	-	1	-
(c) Not separate for sexes.....	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork).....	-	-	-	-	-
TOTAL	3	3	-	1	-

PART VIII OF THE ACTOutwork

(Sections 133 and 134)

<u>Nature of Work</u>	No. of out-workers in August list <u>required by Section 133(1)(c)</u>
<div> <div> earring pparel </div> <div> } Making etc., cleaning and washing </div> </div>	3

